

Public Document Pack

Health & Wellbeing Board

Tuesday, 7th March, 2023
6.00 pm

AGENDA

1. **Welcome and Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting**
Minutes 6th December 2022 **3 - 8**
4. **Public Questions**
5. **Joint Health and Wellbeing Strategy**
For the Board to receive a report on the Joint Health and Wellbeing Strategy.
HWBB - REPORT JLHWS March 2023 FINAL **9 - 12**
6. **ICB Joint Forward Plan**
For the Board to receive a report on the ICB Joint Forward Plan.
Integrated Care Board Joint Forward Plan BwD HWBB 07.03.23 vFinal **13 - 16**
7. **ICP Strategy**
For the Board to receive a report on the ICP Strategy.
ICP Strategy BwD HWBB 07.03.23 v2 **17 - 22**
Appendix A Feedback on priorities
Appendix B Feedback on priorities
Appendix C ICP Strategy Document 3.1
8. **School Food Grant**

For the Board to receive a report on the School Food Grant.

School Food Grant paper - March 23

23 - 25

9. Adult Social Care Update

- Reforms
- Adult Safeguarding
- Vulnerable Adults

For the Board to receive an update on Adult Social Care.

10. Trauma Informed System Resilience Framework

For the Board to receive a presentation on the Trauma Informed System Resilience Framework.

11. Better Care Fund Update

For the Board to receive a report on the Better Care Fund Update.

This is for information only.

BCF HWBB REPORT Q3 March 23 v0.1 24 2 23

26 - 32

12. Any Other Business

For the Board to discuss any other business.

13. Proposed Items for Next Meeting

- Update from Health Protection Board
- Joint Strategic Needs Assessment
- Climate Emergency Action Plan Update
- OHI Strategy One Year On

14. Date and Time of Next Meeting

6th June 2023, 6pm

Date Published: Monday, 27 February 2023
Denise Park, Chief Executive



BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD MINUTES OF A MEETING HELD ON TUESDAY, 6TH DECEMBER 2022

PRESENT:

Councillors	Damian Talbot
	Mustafa Desai
	Julie Gunn
Integrated Care Board (ICB)	Sam Proffitt
Health Watch	Sarah Johns
East Lancashire Hospitals NHS Trust	Arif Patel
NHS	Claire Richardson
Voluntary Sector	Vicky Shepherd
	Angela Allen
Council	Jo Siddle
	Abdul Razaq
	Laura Wharton
	Cath Taylor
	Katherine White
	Mark Warren
Rachel Surkitt	

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Councillor Derek Hardman, Tony McDonald, Martin Hodgson and Dilwara Ali.

2. Declarations of Interest

There were no Declarations of Interest received.

3. Minutes of the Meeting held on 6th September 2022

The Minutes of the Meeting held on 6th September 2022 were submitted for approval.

RESOLVED – That the Minutes of the Meeting held on 6th September 2022 be agreed as a correct record.

4. Public Questions

The Chair informed the Board that no public questions had been received.

5. Joint Health and Wellbeing Strategy – Progress Update

The Consultant in Public Health, Laura Wharton, delivered a presentation on the Joint Health and Wellbeing Strategy Progress Update. The Board was informed that the following progress had been made:

- Initial stakeholder consultation was completed.
- The overarching principles and priorities were defined.
- A high level plan had been prepared for further development with Life Course Boards and other stakeholders.
- As per the Health and Social Care Act 2022, the Joint Health and Wellbeing Strategy was renamed Joint Local Health and Wellbeing Strategy (JLHWS).
- The non-statutory guidance for Health and Wellbeing Board's (HWBs) was published on 22nd November 2022 which reaffirmed the Board's role in preparing JLHWS including:
 - The statutory guidance on JSNA and JLHWS remained unchanged.
 - ICB and ICP leaders within local systems need to have regard for and build on the work of HWBs to maximise the value of Place based collaboration and integration, and reduce the risk of duplication.
 - The integrated care strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level.
 - HWBs should be active participants in development of the integrated care strategy, conversely;
 - HWBs need to consider the integrated care strategy when preparing their own strategy to ensure that they are complementary.
 - When the HWB receives an integrated care strategy from the ICP, it does not need to refresh JLHWS if it considers that the existing JLHWS is sufficient.
- The timeline was revised to align more closely with Integrated Care System planning and Place based developments. The timeline showed that the drafting of the full strategy will take place between December 2022 and March 2023, and the presentation of the final draft strategy for approval/sign off will take place on 7th March 2023 at the next Health and Wellbeing Board.

The Board was presented with the 'Plan on a Page'. The vision was "working together to create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from improvements in health and wellbeing". The principles included action on the wider determinants of health, ensuring health equity, intelligence and evidence-based decision making, and coordination at Place and service integration. The priorities included best start in life, healthy, homes, places and communities, mental and physical health and wellbeing, good quality work and maximising income, and positive ageing and independence in later life.

The Board was informed that the next steps included Life Course Boards and other stakeholders to develop key local actions under each priority, incorporating HEC recommendations and aligned to development of system-wide and Place based plans, and to further develop the approach including governance of Live Well priorities, membership and terms of reference of Life Course Boards to reflect JLHWS priorities and actions, and monitoring and assurance. The Board was informed that feedback from other Boards and groups would assist with monitoring.

The Board suggested that strategies already in place should be focused on, including the Eat Well, Move More strategy. The Board also suggested that safeguarding (children and adults) is a key issue and that the Adult Safeguarding Board links in to the Health and Wellbeing Board.

RESOLVED – That the Board noted the presentation.

6. Health and Wellbeing Board Terms of Reference

The Director of Public Health, Abdul Razaq, and the Consultant in Public Health, Laura Wharton, presented the Health and Wellbeing Board Terms of Reference report which focused on the changes of the role and purpose of Health and Wellbeing Boards (HWB), membership, and the roles and responsibilities of Board members.

The proposed changes were as follows:

- The role and purpose of the HWB in informing and assuring ICS plans including joint forward plans (replacing commissioning plans), annual reports and performance assessment has been incorporated.
- The core statutory membership of HWBs remained unchanged.
- ICB representatives to replace CCG representatives, including a member of the ICB Board and the joint Director of Health and Social Care Integration for Blackburn with Darwen.
- A Place based clinical representative will be invited, through nomination, to join the Board.
- The additional representation of wider elected members, the Voluntary Community and Faith Sector (VCFS) and East Lancashire Hospitals Trust will continue. The nomination or re-nomination of VCFS representatives will be sought through local CVFS networks.
- Members of the Board are asked to commit to the following principles in developing their relationships with other parts of the system:
 - Building from the bottom up.
 - Following the principles of subsidiarity.
 - Having clear governance, with clarity at all times on which statutory duties are being discharged.
 - Ensuring that leadership is collaborative.
 - Avoiding duplication of existing governance mechanisms.
 - Being led by a focus on population health and health inequalities.

The HWB Terms of Reference required approval by Council and it was proposed that the revised Terms of Reference be submitted to Council in January 2023 for incorporation into the Constitution, subject to any final amendments. It was noted that Declarations of Interest need to be covered by non-Blackburn with Darwen members.

The Board was advised that over the next 12 months, the role of the HWB and arrangements for how it will work together with the Blackburn with Darwen Place Based Partnership. It was proposed that the Health and Wellbeing Board review the terms of reference in 12 months' time, and on an annual basis thereafter.

The Board suggested that business representation needed to be more explicit as it was an important element. The Board asked Public Health to reach out to wider organisations regarding business representation. The Board also asked the Chair to invite a Mental Health provider as the membership made no reference to this. The Board suggested that 'development sessions' may be necessary to further discuss this.

The Board was recommended to note the updated guidance for Health and Wellbeing Boards and key changes arising from the guidance, recommend the draft revised terms

of reference of the Health and Wellbeing Board to Council in January 2023 for approval and incorporation in the Constitution, and note that the terms of reference be further reviewed in 12 months' time, and annually thereafter.

RESOLVED – That the Board noted and approved the recommendations.

7. Better Care Fund Update

The Deputy Director of Adult Social Care, Katherine White, presented the Better Care Fund Update report which focused on the Better Care Fund (BCF) plans for 2022/23, the Disabled Facilities Grant (DFG) and the Quarter 2 Finance update 2022/23.

The national BCF reporting for 2022/23 set out requirements for meeting national planning conditions and metrics for the financial year. For the first time, there was a requirement to complete an intermediate care capacity and demand report outlining both anticipated demand and capacity for hospital discharge and community/voluntary sector across the health and social care system in Blackburn with Darwen. The deadline for completion of the BCF report was 26th September which required ICB and Local Authority approval. Approval was received by the Council's Executive Member for Adult Health and Social Care Integration as well as the Chief Officer for the ICB. The focus of the integrated care work and commissioning of the BCF services and projects continued to be implemented via a collaborative approach. The following four national metric targets were set for 2022/23 and performance against the targets will continue to be monitored:

- Metric 1: Residential Care Admissions – a target of 150 admissions to residential or nursing care homes.
- Metric 2: Reablement – the target is for a minimum of 80% people to remain at home following reablement and rehabilitation services following discharge from hospital.
- Metric 3: Avoidable Admissions – 1% reduction on last year's plan, a total of 1326 people to have an unplanned admission.
- Metric 4: Length of Stay – to reduce, by 6.2%, the number of hospital inpatients who have been in hospital for longer than 21 days.

The BCF funding also included the DFG which was used to support people including those who are most in need; including the elderly and disabled who require adaptations and additional help and support to remain in their own home. An increase in DFG funding for Children's and Adults from brought forward capital from 2021/22 resulted in the opportunity to improve the service by increased staff capacity. Progress against the DFG budget would be reported through the remainder of the financial year.

The Director of Adults and Prevention, Mark Warren, also gave a verbal update regarding the Adult Social Care fund. Blackburn with Darwen had been allocated £637,000 of the fund. An application to access this fund must be submitted by 16th December 2022, and the application must outline what the whole fund will be spent on – it was noted that the fund must be spent by 31st March 2023.

The Board noted that this was an opportunity for the ICB and Local Authority to work together and do things differently. The Board suggested that a group of people should be identified to look at needs and how the fund can be spent. The Board also suggested to hold groups with wider partnerships to get feedback regarding how the fund is spent.

The Board was recommended to note the Blackburn with Darwen Better Care Fund Plans submitted for 2022/23 in relation to delivery and performance targets, and to note the

Better Care Fund Quarter 2 2022/23 delivery and financial position.

RESOLVED – That the Board noted the update and approved the recommendations.

8. Joint Strategic Needs Assessment

The Consultant in Public Health, Cath Taylor, delivered a presentation on the Joint Strategic Needs Assessment (JSNA). The presentation covered the purpose and structure of the JSNA.

The Board was informed that the JSNA will:

- Describe the health of the population.
- Provide a common view of health and care needs for the local community.
- Highlight current service provision and identify gaps/unmet needs.
- Provide evidence of effectiveness for interventions.
- Highlight statutory responsibilities of the Health and Wellbeing Board.
- Inform planning and commissioning of health, wellbeing and other services.
- Provide evidence to support external funding bids.
- Support strategy development and research opportunities

The Board was advised that a partnership group had been put in place to oversee the development of the JSNA. The group will help to identify/prioritise themed chapters going forward. The themed chapters would provide a deeper dive into specific priority topics, including impact on different populations, what works, challenges, assets/services.

RESOLVED – That the Board noted the presentation.

9. Age Well Update

Vicky Shepherd, Age UK, and Katherine White, Deputy Director of Adult Social Care, delivered a presentation on the Age Well Update which highlighted the overarching principles of 2022/23.

The principles included:

- Promotion of positive ageing and age friendly policy and practice.
- Promotion of a resilient, strength-based approach to practice.
- Support to delay or prevent frailty.
- Reducing health inequalities.
- Focus on areas that need a cross-system response.
- Influence and connect.

The Board was informed that within the communities there has been increasing numbers of people living with dementia, older people have been significantly impacted by Covid and restrictions, there had been an increase in demand for health and care services, and there has been higher numbers of older people reliant on low fixed incomes and means-tested benefits due to cost of living challenges.

The Board was updated on the priorities and actions which were as follows:

- Covid recovery (TaAF funded Stepping Out programme)
- Supporting people to live well with dementia (Dementia Action Alliance work)

- Reducing social isolation
- Digital inclusion (Digital Inclusion Network – ‘Get Online Week’)
- Reducing poverty (Healthy Homes offer in place)
- Improving healthy life expectancy (Positive Ageing Framework developed).

The Board was advised that key areas have been identified for more focussed work which included:

- Dementia support – development of a BwD Dementia Strategic Framework. The Board noted that supporting Carers will be essential.
- Reducing or delaying frailty – consideration of development of a Falls Strategy for the Borough. The Board noted that data from ambulance services, NHS and Local Governments will be key.
- Oversight of implementation of the Positive Ageing Framework and Age Friendly developments.

The Board noted that this was a good example of partnership work.

RESOLVED – That the Board noted the presentation.

10. Any Other Business

There was no other business.

11. Proposed Items for Next Meeting

The proposed items for the next meeting to include:

- Trauma Informed Systems Resilience Framework
- Update on ASC Reforms
- Positive Ageing Framework
- Update on Winter Planning
- Safeguarding Vulnerable Adults – Review of Board
- Housing

12. Date and Time of Next Meeting

The next meeting was scheduled to take place on 7th March 2023 at 6pm.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

Agenda Item 5

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Laura Wharton, Consultant in Public Health
DATE:	7 th March 2023

SUBJECT: Joint Local Health and Wellbeing Strategy

1. PURPOSE

This purpose of this paper is to provide the Health and Wellbeing Board with a final draft of the Joint Local Health and Wellbeing Strategy for approval and set out next steps for delivery of the strategy.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is recommended to;

- a) Approve the final draft version of the Joint Local Health and Wellbeing Strategy 2023 – 2028
- b) Note and commit to the developmental programme of work required during the first twelve months of the strategy
- c) Review and update the Joint Health and Wellbeing Strategy in March 2024, as per the outcomes of the JLHWS development programme

3. BACKGROUND AND RATIONALE

The Health and Social Care Act 2012 introduced statutory Health and Wellbeing Boards (HWBs) as a formal committee of the local authority in every upper tier area. HWBs have responsibility for;

- Providing a strong focus on establishing a sense of place
- Instilling a mechanism for joint working and improving the health and wellbeing of their local population
- Setting strategic direction to improve health and wellbeing

Under The Act each Health and Wellbeing Board has a statutory duty to produce a range of assessments and plans, including a Joint Health and Wellbeing Strategy, setting out the way in which it will meet the needs identified in the local Joint Strategic Needs Assessment (JSNA).

The Health and Care Act 2022 amends previous legislation, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. [Non-statutory guidance](#) published on 22nd November 2022 sets out the roles and duties of HWBs, clarifies their purpose within the new health and social care system architecture and confirms the ongoing requirement to produce a JLHWS. It accompanies previously published [statutory guidance](#) JSNA and JLHWS.

The most recent Blackburn with Darwen JLHWS was extended, and is now due for review.

While much of the evidence, thinking and engagement work upon which the previous Strategy was

based remains as relevant today, in reviewing it, it is important to take account of;

- The expanded body of evidence available locally through the JSNA
- The changing health, social care and wider public sector landscape as a result of financial pressures and health and social care reform, and role of the Health and Wellbeing Board and JLHWS within this.
- Opportunities presented by new ways of working as a result of nationally and locally led programmes for transformation and integration of health and social care

Our challenge now is to do more of what has been shown to work from the previous strategy, but develop this further within the context of increased service demand, inequalities in health amplified by the Covid-19 pandemic, restricted resources and a new system architecture.

4. KEY ISSUES

The revised JHLWS will continue to drive the Health and Wellbeing Board's ambition to increase life chances for the residents of Blackburn with Darwen, through its vision of working together to create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from sustained improvements in health and wellbeing.

The strategy, incorporates the following principles and priorities, which have been developed following consultation with key stakeholders;

Principles:

- Action on the wider determinants of health
- Ensuring health equity
- Intelligence and evidence based decision making
- Coordination at place and service integration

Priorities:

- Best start in life
- Healthy, homes, places and communities
- Mental and physical health and wellbeing
- Good quality work and maximising income
- Positive ageing and independence in later life
- Dying well

The "life course" approach of our previous strategy enabled the HWB and partners to consider the differing health needs that people experience at different points in their lives. Throughout the period of previous JLHWS, this evidence based approach has been embedded into the work of the HWB, and this will continue into the new strategy.

The life course model consists of four main life phases:

- Start Well: Making sure children and young people get the best start in life
- Live Well: Healthy & prosperous people, places and communities
- Age Well: Ensure older people are supported to remain independent and socially included
- Dying Well: Ensuring people, their families and carers are supported to talk about and plan for an improved end of life

The HWB has previously agreed that lead groups will be tasked with taking ownership of delivery of the JLHWS priorities and wherever possible these have been identified from existing groups already in place. These are referred to as Life Course Boards.

During 2023 arrangements for Live Well will be reviewed and new local arrangements for oversight and coordination of Dying Well be developed.

- Start Well – Children’s Partnership Board
- Live Well – *Currently under review*
- Age Well – Age Well Partnership
- Dying Well – *Currently under review*

Membership of each Life Course Board includes a range of relevant stakeholders and each has a named Chair who is also a member of the HWB. Other HWB members participate directly in the Boards, as appropriate, and membership of each Board will be updated in 2023 to fully reflect the agreed priorities.

Each Life Course Board will develop and implement an annual action plan that reflects the agreed priorities and approach in a way that is responsive to the changing local and national landscape, incorporates and influences system priorities and ensures the best possible health outcomes for residents.

The Health and Wellbeing Board is committed to strengthening public involvement in the work of the Board and during 2023/24 will develop its approach in collaboration with wider system partners

A programme of development will, therefore, be undertaken over next 12 months to;

- Review and agree arrangements for oversight, coordination, delivery and monitoring of the JLHWS priorities, including Life Course Boards
- Ensure ongoing alignment with evolving Integrated Care Board plans and structures
- Strengthen public involvement in the work of the Health and Wellbeing Board, including further development of the JLHWS

5. POLICY IMPLICATIONS

The JLHWS will be a key document identifying partnership outcomes and informing priorities to address the health needs of people living in Blackburn with Darwen. The proposals set out in this paper will assist the Health and Wellbeing Board in progressing the JLHWS, which along with the JSNA, will also be used by the Lancashire and South Cumbria Integrated Care Partnership to develop the Integrated Care Strategy.

6. FINANCIAL IMPLICATIONS

There are no additional financial implications arising as a result of the changes documented in this report.

7. LEGAL IMPLICATIONS

Health and Wellbeing Boards are established under section 194 of the Health and Social Care Act 2012. They are committees of the Council under section 102 of the Local Government Act 1972. The statutory membership is provided for in section 194(2) of the Act. The Board is able to appoint sub-committees and may appoint additional persons to the Board.

The Health and Social Care Act 2012 details two core functions of Health & Wellbeing Board:

- prepare an assessment of relevant needs, through the JSNA
- prepare a strategy for meeting those needs, through the JLHWS

The Board also has a duty to promote integration and involve the public. Other specific powers and responsibilities of the Board includes a duty to provide opinion as to whether local commissioning plans has taken proper account of the JLHWS, The proposals set out in this paper will assist the Board in delivering these responsibilities under the Act.

The Health and Care Act 2022, received Royal Assent and became an Act of Parliament on 28 April 2022. The Act seeks to enable greater integration between partners across the health (which includes physical and mental health) and social care sector.

8. RESOURCE IMPLICATIONS

The principle resource implications of this paper is the time of officers from those constituent organisations of the Board to support the implementation of the recommendations.

The priorities set out in the strategy should, along with other national and local plans and guidance influence commissioning decisions made by constituent organisations of the health and wellbeing partnership going forward.

9. EQUALITY AND HEALTH IMPLICATIONS

The Health and Wellbeing Board will continue to have a fundamental role in the improvement of health and wellbeing for the residents of Blackburn with Darwen. The revised JLHWS will place an increased focus on population health and inequalities and support a more joined up approach to planning and delivering health and wellbeing services to local communities.

10. CONSULTATIONS

The revised JLHWS has been through a process of consultation with relevant stakeholders via the thematic delivery groups (Start Well, Live Well, Age Well) and, via Board Members, with the constituent organisations of the Board.

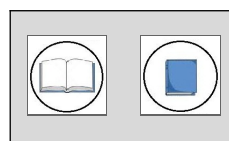
The Health and Wellbeing Board is committed to strengthening public involvement in the work of the Board and during 2023/24 will develop its approach in collaboration with wider system partners.

VERSION:	1
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CONTACT OFFICER:	Laura Wharton, Consultant in Public Health
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DATE:	7 th March 2023
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BACKGROUND PAPER:	
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Agenda Item 6

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Lancashire and South Cumbria Integrated Care Board
DATE:	7 th March 2023

SUBJECT: Lancashire and South Cumbria Integrated Care Board – Development of a Joint Forward Plan for 2023-2028

1. PURPOSE

This paper provides the Health and Wellbeing Board with an overview of the emerging Joint Forward Plan for the Lancashire and South Cumbria Integrated Care Board (ICB).

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing is recommended to:

- Consider the key themes highlighted within the emerging Joint Forward Plan for Lancashire and South Cumbria Integrated Care Board, offering their reflections on the content and particularly on whether they feel that the key themes take proper account of the health and wellbeing strategy
- Note that a *draft* version of the Joint Forward Plan will be presented to the Health and Wellbeing Board after sign off by the ICB at the end of March 2023
- Note that a *final* version of the Joint Forward Plan will be presented to the Health and Wellbeing Board prior to its sign off by the ICB the end of June 2023

3. BACKGROUND

The Health and Care Act 2022 established new NHS bodies in the form of Integrated Care Boards (ICBs), that take on functions previously delivered by Clinical Commissioning Groups (CCGs) and required the creation of Integrated Care Partnerships in each local system area, with a view to empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

Before the start of each financial year, the ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan (JFP), to be refreshed each year.

The Act did not change the statutory duties of Health and Wellbeing Boards, as such - similar to the previous relationship with CCGs, the Integrated Care Board must involve the Health and Wellbeing Board in the exercising of its statutory functions as below:

- Joint forward plans must set out the steps that the ICB proposes to take to implement the health and wellbeing strategy.
- The Health and Wellbeing Board must be involved in the preparation or revision of the JFP.

- In particular, the Health and Wellbeing Board must be provided with a draft of the JFP, and the Integrated Care Board must consult with the Health and Wellbeing Board on whether the draft takes proper account of the health and wellbeing strategy.
- Following consultation, the Health and Wellbeing Board has the right to respond to the ICB and may give its opinion to NHS England.
- The forward plan must include a statement from the Health and Wellbeing Board as to whether the health and wellbeing strategy has been taken proper account of.

4. RATIONALE

This new approach provides an opportunity to strengthen the Board's influence in prioritising prevention of ill health and ensuring provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

5. KEY ISSUES

ICBs are encouraged to use the JFP development process to produce a shared delivery plan for the integrated care strategy (developed by the ICP) and the JLHWS (developed by local authorities through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments (for the purposes of this guidance, universal NHS commitments are those described in the annual NHS priorities and operational planning guidance and NHS Long Term Plan); address the Integrated Care Systems' four core purposes and meet legal requirements (this includes the National Health Service Act 2006 and the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010).

The following principles describing the JFP's nature and function, these have been co-developed nationally with ICBs, trusts and national organisations representing local authorities and other system partners.

- **Principle 1:** Fully aligned with the wider system partnership's ambitions.
- **Principle 2:** Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
- **Principle 3:** Delivery focused, including specific objectives, trajectories and milestones as appropriate.

JFPs should build on and reflect existing JSNAs, JLHWSs and NHS delivery plans, along with previous local patient and public engagement, as such it is not anticipated that their development will require full formal public consultation, unless a significant reconfiguration or major service change is proposed, which is not the case for Lancashire and South Cumbria at this time.

ICBs and their partner acute trusts have a duty to prepare a first Joint Forward Plan before the start of each financial year. For this first year, however, NHS England has specified that the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs), is 30 June 2023 rather than 1st April.

As 2022/23 is a transition year for ICBs, national guidance anticipates that the breadth and depth of the initial Joint Forward Plan will be constrained, with an expectation that a more comprehensive plan will be developed for 2024/25 onwards

The Lancashire and South Cumbria ICB is intending to produce a draft version of the plan by 31 March for consultation - further iterations may continue after this prior to the plan being finalised in time for publication and sharing by 30 June.

An overview of the emerging themes of the Joint Forward Plan will be presented to the Health and Wellbeing Board in the course of their meeting on 7 March 2023.

5. POLICY IMPLICATIONS

It is intended that the Joint Forward Plan should be informed by the Joint Local Health and Wellbeing Strategy and Joint Strategic Needs Assessment of the Health and Wellbeing Board. In considering the emerging draft Joint Forward Plan the Blackburn with Darwen Health and Wellbeing Board should consider whether it shows consideration and alignment to existing Blackburn with Darwen policies and strategies.

6. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report.

7. LEGAL IMPLICATIONS

These are covered in the main body of this report. There are no other legal implications resulting from this report.

8. RESOURCE IMPLICATIONS

There are no direct resource implications resulting from this report, however, the priorities outlined within in the emerging Joint Forward Plan are intended to inform the delivery plans of all the health and care organisations in Lancashire and South Cumbria and will particularly require resource considerations to be to discussed within the Blackburn with Darwen Place-based Partnership.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

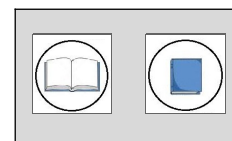
10. CONSULTATIONS

All Health and Wellbeing Boards and health and care partner organisations in Lancashire and South Cumbria will be engaged as part of the development of the Integrated Care Board's Joint Forward Plan. The outline of emerging themes of the JFP represents the starting point of this engagement with partners.

There is no requirement on the ICB to conduct formal public consultations as part of its JFP development process, however previous public engagement themes are being considered to support the development.

VERSION:	0.2
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CONTACT OFFICER:	Carl Ashworth, Director of Planning, Lancashire and South Cumbria Integrated Care Board
DATE:	13.02.23
BACKGROUND PAPER:	Lancashire and South Cumbria Integrated Care Strategy 2023-2025



Agenda Item 7

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	
DATE:	

SUBJECT: Lancashire and South Cumbria Integrated Care Partnership – Integrated Care Strategy 2023-2025

1. PURPOSE

This paper provides the Health and Wellbeing Board with supporting information on the development, through the Integrated Care Partnership, of the draft Lancashire and South Cumbria Integrated Care Strategy and on the proposed next steps for further engagement and finalisation of the document.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is recommended to:

- Endorse the current version of the Lancashire and South Cumbria Integrated Care Strategy, noting that this will be further updated in the coming weeks to reflect feedback from partners and residents.
- Note that the final version of the Lancashire and South Cumbria Integrated Care Strategy will be presented to the ICP in April 2023 for formal agreement.

3. BACKGROUND

The Integrated Care Partnership (ICP) is a statutory joint committee of the Integrated Care Board (ICB) and each responsible local authority (upper tier and unitary) within the Lancashire and South Cumbria area. Membership of our ICP includes elected members from each of our upper tier and unitary local authorities, as well as two representatives of district councils – one for Lancashire and one for Cumbria.

The Health and Care Act 2022 requires ICPs to develop an Integrated Care Strategy which details how the assessed needs of the population, as identified in joint strategic needs assessments (JSNAs), will be met by the exercise of functions by the Integrated Care Board, partner Local Authorities, and NHS England. This strategy is described in NHS England (NHSE) guidance as setting “the direction of the system ... setting out how the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life”.

Locally, our ICP has agreed that this strategy provides an opportunity for us to set out our ambitions for what we can achieve as an Integrated Care System. It aims to outline, at a high level, the difference we can make by working in an integrated way. It does not seek to replace or

duplicate existing strategies and activity that is already underway in the system. Instead, it seeks to link them together by providing an overarching narrative about what it is that we are all trying to change and improve together.

The national expectation was for each system to publish its initial strategy by December 2022, although this was not a statutory requirement. Locally, it has been agreed that the final version of the strategy will be agreed by the ICP in April 2024 following further engagement with residents and stakeholders.

4. RATIONALE

The Health and Wellbeing Board and Integrated Care Partnership are expected to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy to address those challenges that are best dealt with at a system level (for example, workforce planning, or data and intelligence sharing).

There is the expectation, set out in national guidance, that ICPs should use the insight and data held by HWBs in developing the integrated care strategy and that JSNAs will be used to identify where the assessed needs within the JSNA can be met by local authorities, ICBs or NHS England in exercising their functions.

The national expectation was for each area to publish its initial strategy by December 2022, although this is not a statutory requirement. Locally, it has been agreed that the final version of the strategy will be agreed at the end of March 2023 following engagement with wider stakeholders, including Health and Wellbeing Boards.

5. KEY ISSUES

Development of the draft strategy – work to date

Work to date on the draft Integrated Care Strategy included:

September 2022

Identifying the needs and wants of the population: The JSNAs, Joint Health and Wellbeing Strategies and Public Health Annual Reports for Lancashire, Blackpool, Blackburn with Darwen, Cumbria and North Yorkshire were reviewed, and key themes identified. Additional data from VCFSE partners and the Lancashire and Cumbria Health Equity Commission was also used to supplement this stage of work. These themes were triangulated with insights from resident engagement activities that have taken place over the past several years, mainly those led by the Clinical Commissioning Groups (CCGs).

Identifying draft priorities: Based on the above work and discussions at the inaugural ICP meeting in September 2022, a number of draft priorities were used as the basis for further engagement.

October 2022

Engaging with residents and staff on the draft priorities: The timeframe for creating an initial draft of the strategy limited our engagement activities. However, during October 2022 we engaged with over 1000 people via a range of engagement activities with our residents and staff (an online survey managed by the ICB Communications and Engagement Team, and a series of focus groups / pop-up events run by Healthwatch Together). The findings from this engagement are attached as Appendices A and B.

November 2022

Scoping the priorities: This commenced by using the ICP meeting in October 2022 as a workshop to consider feedback from the engagement and generate our sense of ambition for the

above priorities, as well as considering key enablers to delivery. From this workshop, we identified a number of executive leads, and asked them to undertake further scoping work during November 2022, as well as testing their thinking with a range of stakeholders.

December 2022

Creating the draft strategy: An initial draft of the Integrated Care Strategy was presented to the ICP in January 2023.

Key priorities

From a detailed review of Joint Strategic Needs Assessments and local health and wellbeing plans developed across LSC, the ICP has identified a number of priorities for shared action that have been tested with stakeholders, with support from Healthwatch. Following updates made in response to this engagement, the shared priorities outlined in Figure 1. have been identified and now form the basis of the Integrated Care Strategy.

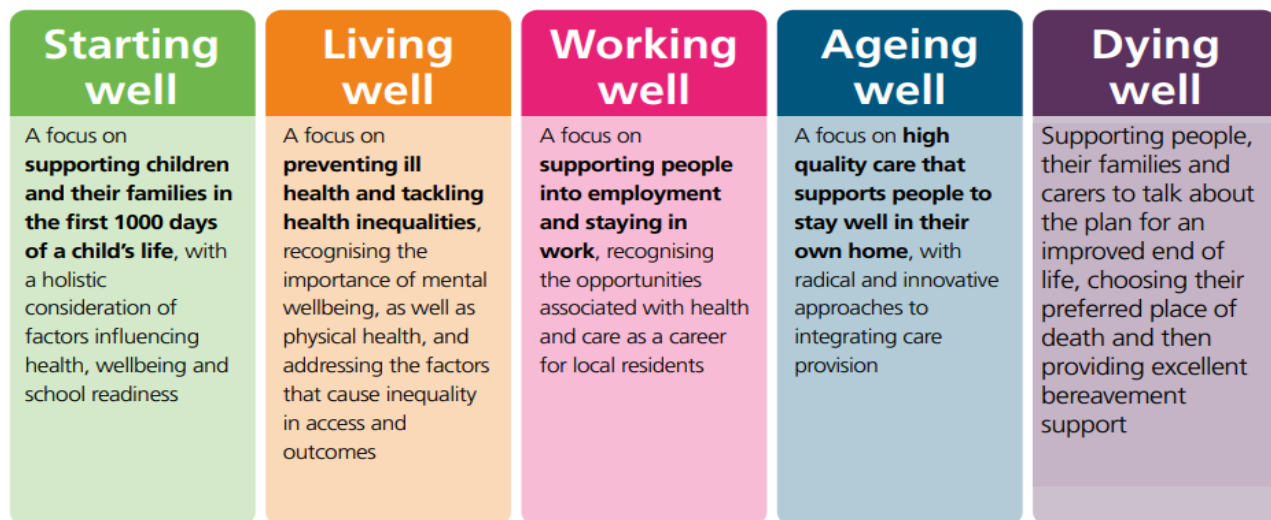


Figure 1.

A delivery plan for each priority, setting out responsibilities across the ICB, Local Authorities and other partners - will be developed between January and March 2023 before sign-off by the ICP and publication of the full strategy at the end of March. Much of this delivery will subsequently be enacted by the four Place-based Partnerships, currently being established in Lancashire and South Cumbria

Blackburn with Darwen Feedback

At their development session on 8 February, the Health and Wellbeing considered the degree of alignment between the Lancashire and South Cumbria Integrated Care strategy and its own draft Health and Wellbeing Strategy, the following reflections were noted.

The Integrated Care Strategy needed a stronger focus on:

- Mental health and wellbeing across all priorities
- Co-production with people, communities and lived experience groups
- Homelessness and preventing homelessness within the housing priorities

Blackburn with Darwen Health and Wellbeing Strategy needed a stronger focus on:

- Dying Well as a standalone priority rather than forming part of the Ageing Well priorities, recognising that it cuts across all life course priorities
- Sustaining people in their current housing, in order to avoid homelessness
- Co-production with people, communities and lived experience groups

These reflections have been shared with the team developing the Integrated Care Strategy, in order to inform its finalisation.

Current version of the strategy

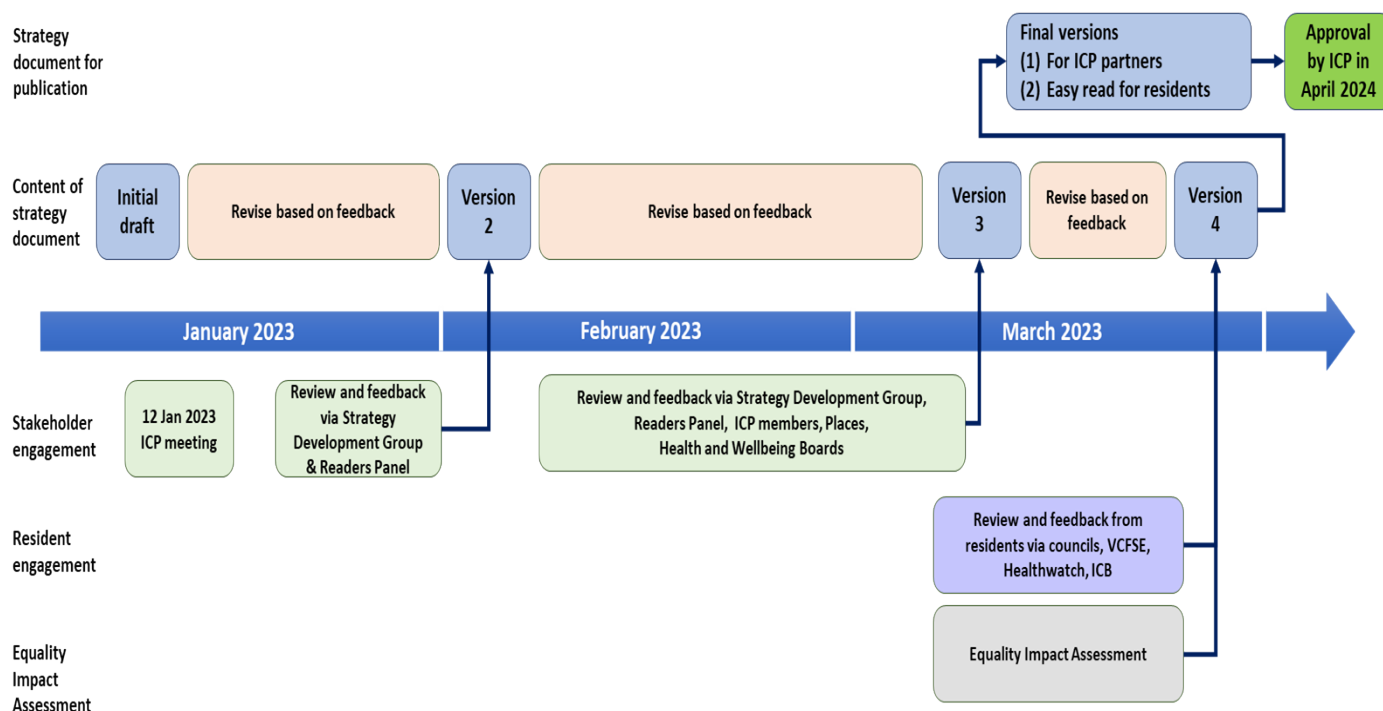
The current version of the Integrated Care Strategy is attached as Appendix C. As outlined above, this has been developed through, and fully endorsed by, the ICP. It must be noted that this remains a 'work in progress' with further minor amendments/additions to be made to the content of document in the coming weeks along with refinements to the design/layout of information.

This version is currently being circulated to members of the ICP and the executive leads for the life course priorities, with an ask that they provide any further feedback as soon as possible.

Finalising the strategy: next steps

The final version of the Integrated Care Strategy will be presented to the ICP in April 2023 for formal agreement. To support achievement of this, a time-limited Strategy Development Group has been established to oversee finalisation of the strategy and the next stage of engagement with residents and stakeholders.

The diagram below shows the phases of engagement and future iterations of the strategy document. The final version of the strategy will include a document that is intended for ICP partners and a document that is an 'easy read' intended for residents.



The finalisation of the Strategy and agreement of its priority areas is a huge step forward for Lancashire and South Cumbria and grateful thanks are extended to all individuals and partners for their valuable contributions.

5. POLICY IMPLICATIONS

It is intended that the Integrated Care Strategy should be informed by, and inform, the Joint Local Health and Wellbeing Strategy of the Health and Wellbeing Board. In endorsing the Lancashire and South Cumbria Integrated Care Strategy the Blackburn with Darwen Health and Wellbeing Board should consider whether any revisions are required to the Joint Local Health and Wellbeing to reflect the content and key priorities identified.

6. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report.

7. LEGAL IMPLICATIONS

There are no other legal implications resulting from this report.

8. RESOURCE IMPLICATIONS

There are no direct resource implications resulting from this report, however, the priorities outlined within in the Integrated Care Strategy are intended to inform the delivery plans of all the health and care organisations in Lancashire and South Cumbria. As such, the local authority and the partners within the Health and Wellbeing Board should consider how their collective resources could be used to achieve the ambitions set out in the strategy.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

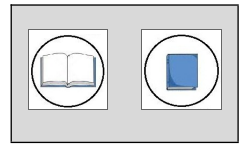
Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

10. CONSULTATIONS

The findings from engagement during the strategy development phased are attached as Appendices A and B.

VERSION:	0.2
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CONTACT OFFICER:	Dr Victoria Ellarby, Programme Director System Reform, Lancashire and South Cumbria Integrated Care Board
DATE:	13.02.23
BACKGROUND PAPER:	Lancashire and South Cumbria Integrated Care Strategy 2023-2025



Agenda Item 8

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Cath Taylor, Consultant in Public Health
DATE:	06/03/2023

SUBJECT: School Food Grant Funding Proposal

1. PURPOSE

To inform the Health and Wellbeing Board about a proposal to ensure that children in Blackburn with Darwen in the greatest need do not go hungry whilst at school during the summer term 2023.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

That Health and Wellbeing Board member note the proposal within this report, which is subject to approval at the Council's Executive Board on 9th March 2023.

3. BACKGROUND

Research by The Food Foundation found that in September 2022 four million children were living in households experiencing food poverty or at least food insecurity in the UK. Lack of nutritious food during childhood and adolescence can impact on physical, mental and social wellbeing. It can also have a negative impact on educational attainment with lasting life-time consequences.

In Blackburn with Darwen, 34% of our children live in relative low-income families (2020/21), this is the second highest rate in the Northwest and is nearly double the average rate across England (18.5%). During 2019, Blackburn Foodbank supported just over 11,000 people with crisis food provision of which 42% were children and young people.

Local schools report that some children regularly attend school unable to afford to buy lunch, because their family circumstances mean they fall outside the restrictive free school meal eligibility criteria (in receipt of benefits and having an annual net income of less than £7,400pa). In 2022, there were 26,331 pupils in the borough of which 6,628 or 25.2% were eligible for free schools meals (FSM).

Earlier this academic year, Blackburn with Darwen Council passed a motion to write to the Secretary of State for Education, to call for an urgent extension of free school meals to ensure universal provision for all school age groups and for a review of the restrictive eligibility criteria.

As we await national action, Blackburn with Darwen Council are proposing to implement a School Food Grant Fund to ensure that children in the greatest need do not go hungry whilst at school during the Summer Term 2023. Funding will allow schools to extend their free school meal offer or to support families who are experiencing food poverty or insecurity in other ways.

4. RATIONALE

Schools know their pupils well and are in the best place to respond to the unique needs of their families. Funding will be awarded to schools to enable them to best meet the needs of the most vulnerable pupils and families quickly and efficiently. This includes but will not be limited to the following:

- Supporting vulnerable families who do not qualify for FSM but struggle to pay for school meals/appropriate packed lunches. This could include increasing access to FSM where appropriate or providing a daily subsidised option.
- Improving content of packed lunches (with wrap-around support and education to families in order to support healthier and affordable changes).
- Contributing to school 'food larders' to provide direct support to parents/carers (with signposting to Food Banks and wrap-around support where appropriate).
- Topping up lunch pre-payment cards for secondary pupils.
- Providing a nutritional breakfast for all or identified pupils/families.
- Provision of free ingredients for food technology pupils.

Funding will be allocated equitably between schools based on the proportion of pupils who live in the 25% most deprived postcodes (using Income Deprivation Affecting Children Index data) and the size of school. Schools will be able to apply for funding as follows via an Expression of Interest form.

- 1) Up to £2,000 (around 25% of schools will be eligible)
- 2) Up to £5,000 (around 45% of schools will be eligible)
- 3) Up to £10,000 (just over 30% of schools will be eligible)

Expected outputs and outcomes:

Outputs from the funding will vary depending on what activity each school proposes to support. However, if schools propose to use the funding for additional FSMs, this would provide 171,428 meals (at £2.45 per meal) or feed 2,678 additional children throughout the summer term at no cost (64 days, 17th April to 21st July).

A range of funding conditions will apply including compliance with Schools Food Standards and completion of returns detailing the activity funded (e.g. number of meals funded and children supported). A sample of schools will be audited to ensure spend has been appropriately distributed. Schools will be encouraged to engage with other partners to provide wrap-around support for pupils in greatest need via links to Food Banks, Help Hub and mental health and wellbeing support.

7. FINANCIAL IMPLICATIONS

The total funding for this programme is £420,000, consisting of the following:

- ICB Population Health funding - £25,000*
- Public Health Grant allocation - £25,000
- Household Support Scheme (round 3) – £370,000

*A requirement of ICB funding is that it is spent in 11 of the borough's wards which have been identified as Priority Wards.

10. EQUALITY AND HEALTH IMPLICATIONS

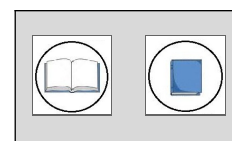
Funding will be allocated equitably between schools based on the amounts of pupils living in the most deprived postcodes and the size of the school.

The project will contribute to the following public health outcomes for Blackburn with Darwen.

- B. Improving the wider determinants of health:
 - B01 Children in low income families
 - B17 Fuel poverty
- C. Health improvement:
 - C09 Child excess weight in 4-5 and 10-11 year olds
 - C15 Diet

VERSION:	1
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CONTACT OFFICER:	Cath Taylor, Consultant in Public Health Charlotte Pickles, Public Health Specialist
DATE:	2 nd March 2023
BACKGROUND PAPER:	



HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Katherine White, Deputy Director of Adult Social Care and Health, Adult Social Care, BwD Local Authority Kirsty Hollis, Place Based and Programme Finance, Integrated Care Board
DATE:	7 th March 2023

SUBJECT: Better Care Fund Plan for 2022/23

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update on the progress of local plans and performance against targets for 2022/23.
- Provide HWBB members with an update on the Better Care Fund (BCF & iBCF) Pooled budget for 2022/23.
- Provide an update on future BCF plans and development in Blackburn with Darwen.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the progress of the Blackburn with Darwen Better Care Fund Plan for 2022/23 in relation to delivery and performance against targets.
- Outline of future BCF requirements and reporting for quarter 4 2022/23.
- Note the Better Care Fund (BCF) Quarter 3 2022/23 delivery and financial position.

3. BACKGROUND

The Health and Wellbeing Board remains accountable for the delivery of the Better Care Fund Plan at a place-based level for Blackburn with Darwen as well as managing performance against the required metrics and delivery standards. The management of the plan is undertaken through Blackburn with Darwen's

joint commissioning arrangements and governance structures.

The Health and Wellbeing Board are accountable for the requirement to complete and approve national BCF template reports as per national timescales and schedules. These reports provide an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

The Better Care Fund (BCF) is one of the Governments national vehicles for driving health and social care integration. It requires ICB's and local government to agree a joint plan, owned by the health and wellbeing board. The government is committed to person-centred integrated care, with health, social care, housing and other public services working together to provide better joined up care. Enabling people to live healthy, fulfilled, independent and longer lives will require these services to work ever more closely together towards common aims.

In July 2022 the national Better Care Fund team published Better Care Fund Policy Framework for 2022/23 which sets out the requirement to complete new national BCF reporting templates. It set out national ambitions for improving outcomes against national metrics and timescales to refresh the plans for a local Better Care Fund Plan for 2022/23. The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, capacity and demand, and performance for the full financial year 2022/23. The templates were submitted in line with the deadline of 26th September and an approval letter was received on 9th January 2023. Positive feedback was received from the national team for the Blackburn with Darwen Plan and highlighted that the reports were an 'excellent submission'.

4. RATIONALE

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care services and models of delivery. Section 75 of the National Health Service Act (2006) gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions. All BCF reports and progress will be reported through the BCF governance structure and meetings including the Health and Wellbeing Board on an on-going basis.

5. KEY ISSUES

5.1 Better Care Fund Plans for 2022/23

The national BCF reporting for 2022/23 set out new requirements for meeting national planning conditions and metrics for the financial year in the form of 3 reporting templates. This included reports to be approved by the ICB and the local authority on the below 3 key areas across the health and social care system:

- performance against new local metric numerical targets and finances
- narrative on the integrated care systems and service delivery
- intermediate care capacity and demand report outlining both anticipated demand and capacity for hospital discharge and community/voluntary sector.

The reports were approved by the national BCF Team on 9th January 2023 with some very positive feedback outlining that they were an excellent submission and gave 'a really strong account of BCF in Blackburn with Darwen'.

The four nationally set metric targets have been set for 2022/23 based on local data and previous target performance. Table 5.1a shown below provides an overview of the targets and performance against targets. The performance against targets is being closely monitored via specific BCG commissioning and financial meetings. The performance against the national metrics as set out below shows a very positive position based on data available for reporting up to December 2022 with our place achieving 3 out of 4 metrics. The progress of our performance will continue to be reported at Health and Wellbeing Board on an on-going basis.

Table 5.1a Metric targets

National BCF Targets summary	Targets for 2022/23	Performance against targets (up to Quarter 3 2022/23)
<p>Metric 1: Residential Care Admissions – Annual rate of older people whose long term support needs are met by admission to residential and nursing care homes</p>	<p>A target of 150 admissions to residential or nursing care homes, with an annual rate of 668, has been set for 22/23.</p>	<p>The number of admissions for people aged 65+ years entering long term residential/nursing during April – December 2022 was 115. Target has been met.</p> <p>To note: The 2022/23 planned performance at Quarter 3 remains on target with 115 admissions up to December. Should admissions continue at a similar rate it is likely that the year-end target rate will be met. Operational teams continue to monitor demand and admissions via pathways which lead into permanent residential care e.g. short term care reviews and hospital discharge processes.</p>
<p>Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into reablement/rehab services</p>	<p>The target is 669 (80%) of people to remain at home.</p>	<p>88% of people remained independent 91 days after discharge from hospital into one of our intermediate tier services April - December 2022. The target has been met and set appropriately.</p> <p>To note: the Reablement and Home First team continue to demonstrate that the service offered is making a significant difference, keeping people independent and avoiding hospital readmissions.</p>
<p>Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions</p>	<p>1% reduction on last year’s planned rate of admission which equates to a total of 1326 people to have an unplanned admission during the year.</p>	<p>948 unplanned hospital admissions up to quarter 3 is in line with trajectory with fewer emergency admissions for Chronic Ambulatory Care Sensitive conditions than initially planned for.</p> <p>To note: There may be many contributing factors - a relatively mild winter, alternative service provision (e.g. through Virtual Ward and Urgent Community Response Services), General Practice Appointments have continued to recover to post COVID levels, while the various pressures within the NHS including industrial</p>

<p>Metric 4a: Length of Stay- reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 21 days</p>	<p>To reduce, by 6.2%, the number of hospital inpatients who have been in hospital for longer than 21 days.</p>	<p>action may have factored into the degree of patient presentation.</p> <p>From Quarter 1 to Quarter 3 2022-23 period, 8.1% of discharges have been 21+ days which is higher than the target. The proportion of patients who have been in hospital 21+ days has been increasing rather than decreasing and may be attributed to high number of people hospitalised due to flu and COVID cases.</p> <p>To note: the total number of hospital discharges overall has been lower than planned, but the actual number of 21+ day discharges has been higher.</p>
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Adult Social Care Discharge Fund

In September 2022 the government set out plans to release £500 million via a new national Adult Social Care Discharge (ASCD) Fund as part of the 'Our Plan for patients' initiative for the winter of 2022/23. The aim of the fund is to enable Local Authorities and Integrated Care Boards (ICB's) to jointly agree plans to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus is a 'home first' approach and discharge to assess (D2A) services and pathways to enable people to be safely discharged and supporting in their home setting. The additional ASCD funding is an addendum to the 2022 to 2023 Better Care Fund (BCF) policy framework originally issued in July 2022.

The planning condition sets out requirements for the funding to be distributed to both local authorities and ICBs to pool into the local BCF under local governance arrangements. In line with usual BCF requirements, the utilisation of this funding has been agreed between local health and social care leaders and is focussed on increasing capacity in bed based residential and nursing homes and home care packages. Progress on the impact and spend is reported via fortnightly template returns to the national BCF team.

Future planning

The focus of the integrated care commissioning via the Better Care Fund services and projects continues to be implemented via a collaborative approach to integrated, person-centred services across health, care, housing, and wider public services. The overarching approach to integration is to support people to remain independent at home and to work in a partnership approach to jointly improving outcomes and reduce health inequalities for our citizens in our neighbourhoods, particularly those discharged from hospital.

To support the innovative utilisation of the Better Care Fund and integrated commissioning approach, a BCF workshop event is currently being planned for spring 2023. The purpose of the workshop is to provide a comprehensive overview of the current BCF commissioning and financial commitments and outcomes achieved by our services. This will enable a robust discussion and review of the Better Care Fund in alignment with future place priorities and ensure efficient alignment of resources for Blackburn with Darwen. The Health and Wellbeing Board members will be invited to the workshop and the outcomes of the workshop will be updated at the next respective Health and Wellbeing Board meeting in June 2023.

In addition to local planning and review processes planned for this year, the national BCF team are due to release an 'end of year' reporting template which encapsulates the BCF strategic delivery, performance and outcomes against our funding commitments for 2022/23. The template is due to be released in

late February/March 2023 and a highlight of this report will be updated at the next Health and Wellbeing Board meeting in June.

5.2 Disabled Facilities Grant (DFG)

The BCF funding also includes a dedicated allocation called the Disabled Facilities Grant (DFG). This allocation is used specifically to support people who are most in need; including the elderly and disabled who require adaptations and additional help and support to remain in their own home.

During the year there has been a positive financial recovery from the disruption of the Coronavirus pandemic. An increase in DFG funding for Children's and Adults from brought forward capital from 21/22 has resulted in the opportunity to improve the service by increased staff capacity, thus speeding up the grant process as follows:

- Major adaptation works for our grant recipients, ensuring, where practicable, the ongoing works programme runs efficiently and speedily.
- Working collaboratively with third sector partners to facilitate awarding discretionary funded grants by supporting service users with assessed needs, to continue to live safe and well in their homes, by making vital repairs and installing minor adaptations.
- We have also allocated discretionary funding for DFG grant applicants whose homes cannot be adapted to meet their needs, by financially supporting them to move to more suitable accommodation and to provide a Housing Needs service to achieve this goal.

Progress against the Disabled Facilities Grant budget will be reported through the remainder of the financial year.

5.3 Quarter 3 Finance Update 2022/23

The below financial summary highlights the plans for the BCF financial budget for Quarter 3 2022/23. There is a continuation of the schemes and services funded through the Better Care Fund for 2022/23 with estimated inflation uplifts and some minor adjustments made which have been reported and approved via the Joint Commissioning Recommendations Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen.

- The ICB minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the ICB Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2022/23 is £2,129,743.
- The iBCF allocation for 2022/23 is £8,349,082 which includes a nationally awarded uplift of £245,487.
- The Discharge Fund Allocation for 2022/23 is £951,855.
- 2022/23 budget for the BCF and iBCF pool is £28,208,509 including carry forwards from 2021/22.

The 2022/23 BCF allocations as above plus carry forward amounts from 2021/22 are analysed as:

- Spend on Social Care - £4,539,178 (30%)
- Spend on Health Care - £5,073,044 (33%)
- Spend on Integration - £3,902,711 (26%)

- Contingency - £600,000 (4%)
- Resources still to be allocated - £1,039,775 (7%)

Resources still to be allocated are being held specifically for Albion Mill and for the purposes of supporting winter planning. This will be subject to review by JCRG and resources will be allocated to specific schemes in due course.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. New reporting requirements for 2022/23 is expected to be released in the Feb/March 2023. Any new policy requirements and their impact and implications will be reported at Health and Wellbeing Board at the earliest opportunity.

7. FINANCIAL IMPLICATIONS

7.1 BCF Pooled Budget Qtr. 3 Position 2022-23

The 2022/23 budget for BCF, iBCF and Discharge Funds financial plans have been approved at JCRG. A new financial budget within the total allocation of £28,208,509 has been agreed and will continue to be developed further and ratified through the joint commissioning governance as we progress through the year.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Agreement provides arrangements, risk sharing arrangements and other funding streams aligned to integrated delivery locally which enables the management of BCF schemes in accordance with the national conditions.

The Section 75 agreement for 2022/23 has been updated in line with Better Care Fund requirements and their deadline of 31st January 2023. Approval and signatures have been endorsed by the Local Authority and the ICB. The national BCF team have been informed of the progress of the updated Section 75 agreement.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and have been outlined in the updated Section 75.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans. An updated EIA has been completed in February 2023 as part of the new national planning requirements for 2022/23.

11. CONSULTATIONS

The details of engagement with service providers, voluntary sector, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the BCF 2022/23 plan.

VERSION:	1.0
CONTACT OFFICER:	Samantha Wallace
DATE:	
BACKGROUND PAPER:	

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